



Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee existinguistics.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 26191 7590

FISH & RICHARDSON P.C. 3300 DAIN RAUSCHER PLAZA **60 SOUTH SIXTH STREET** MINNEAPOLIS, MN 55402



Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transminal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faesimile transmitted to the USPTO, on the date indicated below.

JUDY WASILKUS	(Depositors name)
July Wastless	(Signature)
December 15, 2003	(Date)

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	l			
09/972,809 10/05/2001 Sundecp Khosla 07039-322001 4349									
	TITLE OF INVENTION: TREATMENT OF OSTEOPOROSIS								

In a manus of up to 3 registered patent antorneys or agents OR alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents) and the names of up to 2 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment here are previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Mayo Foundation for Medical Rease check the appropriate assignee category or categories (will not be printed on the patent); The following fee(s) are enclosed: Ab Payment of Fec(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is strached.	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE .	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
RUSSEL, JEFFREYE 1654 514-002000 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent on the names of up to 2 registered patent attorneys or agent and the names of up to 2 registered patent attorney or agent attorney or agent in the name of a single firm (having as a member a registered attorney or agent attorneys or agent. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment have previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Mayo Foundation for Medical Rochester, MN Education and Research Please check the appropriate assignee category or categories (will not be printed on the patent); individual X20 corporation or other private group entity of governmental and the name of up to 1 registered patent attorneys or agents of up to 2 registered patent attorney or agents. If no name is listed, no name attorneys or agents attorneys or agents of up to 2 registered patent attorneys or agents attorney or agents attorney or agents attorney or agents attorney or agents of up to 2 registered patent attorneys or agent attorney or agents attorney or agents attorney or agents attorney or agent attorney or	nonprovisional	YES	\$665		\$300	\$ 965	12/26/2003
Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form (having as a member a registered patent attorney or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name will be printed. Chascience Address indication or agents attorney or agent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered patent attorney or agent in the name of up to 2 registered pate	·EXA	MINER	ART UN	n r	CLASS-SUBCLASS	7	
names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment here on the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Mayo Foundation for Medical Rochester, MN Education and Research Please check the appropriate assignee category or categories (will not be printed on the patent); individual XB corporation or other private group entity in private group contity. Ab Payment of Fec(s): XX A check in the amount of the fec(s) is enclosed. XX A check in the amount of the fec(s) is enclosed.	RUSSEL,	JEFFREY E	1654	1	514-002000	-	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment here previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Mayo Foundation for Medical Rochester, MN Please check the appropriate assignee category or categories (will not be printed on the patent); individual X30 corporation or other private group entity in government as the following fee(s) are enclosed: XXX A check in the amount of the fee(s) is enclosed. XXX Publication Fee Payment by credit card. Form PTO-2038 is attached.	CFR 1.363). Change of correspond Address form PTO/SB/I G "Fee Address" indicate PTO/SB/47; Rev 03-02	lence address (or Change of 0 22) attached. tion (or "Fee Address" Indica	Correspondence	names of up agents OR, alte firm (having a agent) and the attorneys or ag	to 3 registered patent ematively, (2) the name is a member a registered names of up to 2 registered tents. If no name is lists	attorneys or 1 Fish of a single l attorney or 2	& Richardson P.C., P.A.
Mayo Foundation for Medical Rochester, MN Education and Research Please check the appropriate assignee category or categories (will not be printed on the patent); Individual X corporation or other private group entity of government as the following fee(s) are enclosed: Ab. Payment of Fee(s): XX Issue Fee XX A check in the amount of the fee(s) is enclosed. XX Publication Fee Payment by credit card. Form PTO-2038 is attached.	PLEASE NOTE: Unless been previously submitt	s an assignee is identified be ed to the USPTO or is being.	low, no assignee d submitted under se	ata will appear on parate cover. Com	the patent. Inclusion of observiors of this form is NC	OT a substitute for filing an as	iate when an assignment ha
Please check the appropriate assignee category or categories (will not be printed on the patent); I individual XS corporation or other private group entity I government as The following fee(s) are enclosed: 4b. Payment of Fec(s): XX A check in the amount of the fee(s) is enclosed. XX Publication Fee I Payment by credit card. Form PTO-2038 is attached.	Mayo Founda	tion for Medica	,	•		DUNTRY)	
Ab. Payment of Fec(s): XX Issue Fee XX A check in the amount of the fec(s) is enclosed. XX Publication Fee D Payment by credit card. Form PTO-2038 is attached.			nies (will not be or	inted on the outent	n individual X30	composition or other private s	moun entity
XX Issue Fee XX A check in the amount of the fee(s) is enclosed. XX Publication Fee D Payment by credit card. Form PTO-2038 is attached.					"	torporation of other private (poop cining and government
XX Publication Fee D Payment by credit card. Form PTO-2038 is attached.	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	_		•	nclosed.	
XX Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any overpayment,					• •		
Deposit Account Number OO 1000 (choice an extra copy of this form).	XM Advance Order - # of	Copies 10		The Director in Deposit Account	s hereby authorized by Number 06-1050	charge the required fee(s), or (enclose an extra	credit any overpayment, topy of this form).

(Authorized Signature)	Reg. No.	(Date)	12/15/03
NOTE: The Issue Fee and Publicat other than the applicant; a register interest as shown by the records of th	ion Fee (if required) will not be a	nce or other party is

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

12/23/2003 GWDRDDF2 00000029 09972809

665.00 DP 01 FC:2501 02 FC:1504 300.00 OP 03 FC:8001 30.00 OP

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 08/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



s Docket No.: 07039-322001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sundeep Khosla et al.

Art Unit

1654

Serial No.:

09/972,809

Examiner:

J. Russel

Filed

: October 5, 2001

Confirmation No.:

4349

Title

Notice of Allowance Date: September 26, 2003 TREATMENT OF OSTEOPOROSIS

MAIL STOP ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed September 26, 2003, enclosed are a completed issue fee transmittal form PTOL-85b and a check for \$995 for the required issue fee and publication fee, including patent copies.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Patrick Finn III, Ph.D.

Reg. No. 44,109

Fish & Richardson P.C., P.A. 60 South Sixth Street

Suite 3300

Minneapolis, MN 55402 Telephone: (612) 335-5070 Facsimile: (612) 288-9696

60183862.doc

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit

Signature

Judy Wasilkus

Typed or Printed Name of Person Signing Certificate